

# INTERMOUNTAIN HEALTHCARE McKay Dee Hospital

*DRIVING DOWN READMISSIONS BY  
CARING FOR PATIENTS THE “RIGHT  
WAY”*

# COMMITMENT

## *STRATEGIES THAT FACILITATE STRONG COMMITMENT*

- COMMUNITY PHYSICIAN INTEGRATION AND SHARED GOALS
- SYSTEMWIDE CLINICAL RESEARCH AND TRAINING IN EVIDENCED BASED CARE
- EMBRACE QUALITY AND HOLD TO A HIGH LEVEL OF ACCOUNTABILITY TO ESTABLISHED GOALS

# EDUCATION

## *COMMUNITY EDUCATION*

- MAWDS: Medication, Activity, Weight, Diet and Symptoms
- Senior Centers
- Home Care Agencies
- Women's Lunch Groups

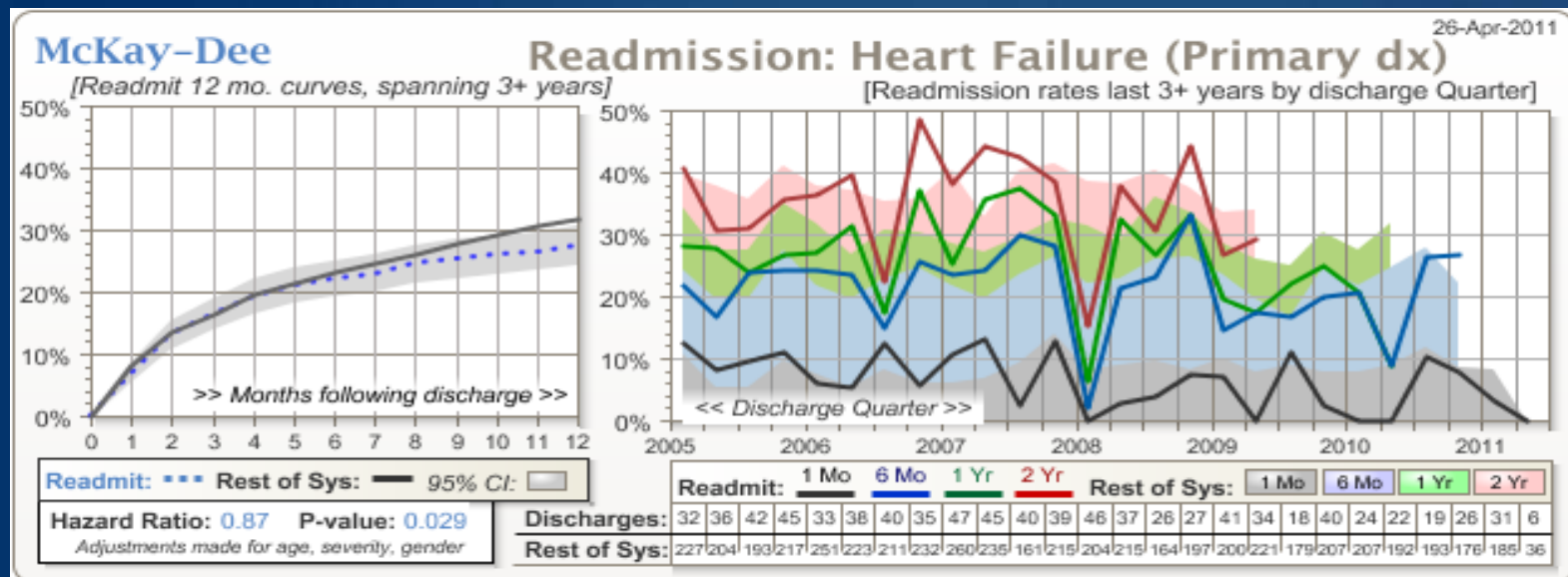
## *FAMILY EDUCATION*

- Personalized and Customized Medication List
- Promote Prevention and Self Care
- Encourage family to attend appointments with their loved ones


# MEASURE

## STRATEGIES FOR REDUCED READMISSIONS

- USE OF INFORMATION SYSTEMS AND SCORECARDS



# MEASURE

 <b>Intermountain Healthcare</b> <b>Cardiovascular Clinical Program</b> <i>Healing for life</i> <b>McKay-Dee</b>						
<b>SCORE CARD</b> <small>CONFIDENTIAL: This material prepared pursuant to Utah Code Ann 26-25-1 et seq, and/or Idaho code Ann 39-1392, et seq for quality improvement of medical care rendered by hospitals and/or physicians.</small>						
Heart Failure	26-Apr-2011	Goal (2011)	2009	2010	2011 ytd	N
(1) ACE/ARB for LVSD at Discharge	CMS	≥ 93% of patients	96.2%	100.0%	100.0%	17
(2) Instructions provided at Discharge	CMS	≥ 93% of patients	95.5%	97.9%	100.0%	46
(3) LVF Assessment at Discharge	CMS	≥ 93% of patients	100.0%	99.4%	100.0%	54
(4) Smoking Cessation advice at Discharge	CMS	≥ 93% of patients	96.7%	100.0%	100.0%	8
(5) Heart Failure [CMS-Composite] Score		≥ 93% of opportunities	97.6%	99.0%	100.0%	125
(6) Beta-Blocker for EF<40%	GWTG	Monitor	84.4%	86.0%	88.9%	18

# ACCESS

- *Aligning Hospital Care with primary care physicians and focus on transitions back home*
- *HEART FAILURE CLINIC with a “never say no” mentality to seeing patients when they need to be seen—patients are not seen due to convenience of scheduling but due to physical condition & symptoms*
- *Dedicated nurses and physicians who give full access to patients at any time*
- *Follow up phone calls 7 to 10 days following hospital discharge*



# END OF LIFE

## IHC top-notch on the cheap

Nationwide study heaps praise on SLC for its care of chronically ill

By LINDA FANTIN  
The Salt Lake Tribune

If you're old and dying of cancer or kidney failure or some other chronic disease; if you want high-quality, low-cost care; and if you don't want to be poked, tested and hospitalized unnecessarily, Salt Lake City is your best bet. What's more, it may be the nation's best hope for saving Medicare.

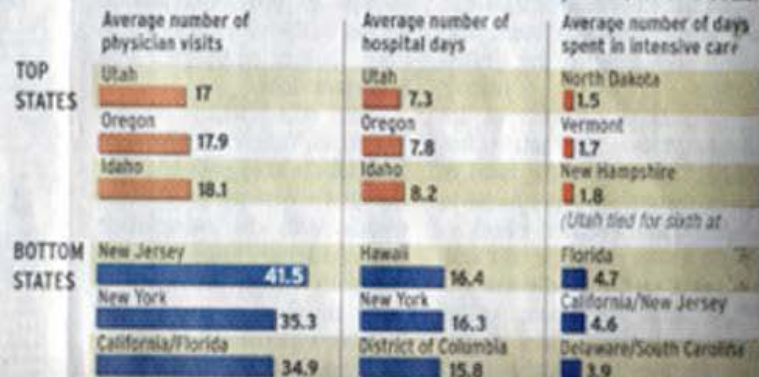
According to researchers at Dartmouth Medical School, Salt Lake City, led by Intermountain Health Care, provides superior care to

chronically ill patients while limiting the number of doctor visits, hospital stays and admissions to intensive care units. And if all hospitals and doctors adhered to the standards set by Intermountain, Medicare could have saved \$40 billion — almost one-third of what it spent — from 2000 to 2003.

"That's the big 'wow' of this," said Brent James, Intermountain's vice president for medical research and executive director of its Institute for Health Care Delivery Research. "We can debate how long until Medicare bottoms out, but it's in a free-fall and

### End-of-life care: Utah among the best

In a state-by-state comparison of hospital care, Utah ranked at or near the top in most categories for care in the last six months of life. In the following tables, fewer is better.



Source: Dartmouth Atlas of Health Care, 2006

The Salt Lake Tribune

many of us think it can't survive unless something profound changes."

As national experts praise Intermountain as a model for the rest of

the country, a legislative task force is debating whether the system is good for Utah. Specifically, legislators are

See **HEALTH REPORT**, C7

# END OF LIFE

## *Having the difficult discussion*

- Hospice
- Palliative Care
- Home Care
- Emotional Support
- “Helping those at the end of their life face the uncertainty of death with dignity and comfort, can be one of the most rewarding and bonding experiences a health care professional can have. But you have to have the conversation.”